

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/589953

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		3		1		
5		4		1		
6		5		1		
7	1					
8		6		1		
9		7		1		
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32		30		1		
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43		41		1		
44		42		1		
45		43		1		
46		44		1		
47		45		1		
48		46		1		
49		47		1		
50		48		1		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	27	←		←
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						